## **Train-to-Career Employment and Follow-Up Tracking**

Name:			WF1 I.D.	#:	
TRAINI	NG CREDE	NTIALS/CERTIFIC	CATIONS EARN	ED:	
List Credentials/Certifications rece	ived <u>and in</u>	dicate date receiv	ed for each. Co	pies of certificates,	
transcripts, grades, etc. must be	kept in the	participant file			
Has the participant successfully c	ompleted t	he training? 🔲 `	Yes No Dat	e of Completion:	
List each Credential/Certificate		School and Pro	gram	Date Received	
If program participant was emplo	yed at en	rollment, compl	ete SECTION A	. If not, skip to SECTION B	
SECTION A: Employment at Enroll	<u>lment</u> : (ind	cluded in Workfo	orce One Enroll	ment Screen)	
Employer Name:		Street Address:			
City.		Chahai		"in Codo.	
City: Employment	Employ	State:	Curren	o Code:	
Start Date:	End Da		per ho	_	
bb Position Title:		Hours per		per Week:	
			·		
If <u>underemployed</u> at enrollment: has	s the partic	ipant increased to	otal income 20%	or more?  Yes  No	
If yes: complete Section B and report	to Minnea	polis Employment	& Training, com	plete UE screens in WF1, and	
begin follow-up tracking.					
If no: Open a full-time Staff Assisted	Job Search	activity in WF1, a	nd continue job	search (leave job search	
activity open in Workforce One until	placement	meets Train-to-Ca	reer guidelines	(see below).	
SECTION B: Job placement follow	ing trainin	g completion De	efinition of Job	<u>Placement</u> : Train-to-Career:	
1) Participant entered program unemploy job placement must be equivalent to 30 per week ≥ \$360/week or \$18,720/year.		· ·	•	J. J.	
2) Participant entered program <i>underem</i>	nloved: nart	icinant completes T			
with total compensation level at least 20		•		<del>-</del>	

SECTION B (continued): Job placement following training completion (please check all that apply):						
New position Po	osition upg	grade 🗌 N	ew employer	☐ Wor	king at two jobs	
Self-employed C	other (list)				<u></u>	
Employer Name:			Street Address:			
City:			State:		Zip Code:	
Employment					wage gain?	
Start Date:	End Date:		_		es	
			Hours per			
Job Position Title:		T	Week:		Training related: ☐ Yes ☐ No	
Date you had contact		Mode of conta	act (select all that ap □ Phone □ Er		itten □ Other:	
with participant:  Date reported to Minneapolis			□ PIIOIIE □ EI	IIali OI VVI	itten ditter.	
Employment & Training:		Counselor Sign	nature			
	Counsciol Signature					
656 <del>7</del> 16116 5011611115 7						
	ACKING					
SECTION C: FOLLOW-UP TR		and ADD	FOLLOW UP : - (-		to a decade a MEA	
For each positive follow-up	<mark>o, make s</mark> ı					
For each positive follow-up entering Follow-Up inform	o, make su ation in V	VF1 make sui			is entered in WF1. When nethod, contact date, labor	
For each positive follow-up	o, make su ation in V	VF1 make sui				
For each positive follow-up entering Follow-Up inform	o, make su ation in V	VF1 make sui				
For each positive follow-up entering Follow-Up inform	o, make su ation in V	VF1 make sui				
For each positive follow-up entering Follow-Up inform force status, hourly wage,	o, make su ation in V and hours	VF1 make sui s-per-week.	<mark>re you include: c</mark> o	<mark>ontact m</mark>	nethod, contact date, labor	
For each positive follow-up entering Follow-Up inform force status, hourly wage,  1st QUARTER FOLLOW-UP	o, make su ation in V and hours	VF1 make sui s-per-week.	<mark>re you include: c</mark> o	<mark>ontact m</mark>	nethod, contact date, labor	
For each positive follow-up entering Follow-Up inform force status, hourly wage,  1st QUARTER FOLLOW-UP Is the participant working in the	o, make su ation in V and hours	VF1 make sui s-per-week.	<mark>re you include: c</mark> o	ontact m	nethod, contact date, labor	
For each positive follow-up entering Follow-Up inform force status, hourly wage,  1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:	o, make su ation in V and hours	VF1 make surseper-week.  following EMP on upgrade	re you include: co	ontact m	nethod, contact date, labor	
For each positive follow-up entering Follow-Up inform force status, hourly wage,  1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade	re you include: co	ontact m	nethod, contact date, labor	
For each positive follow-up entering Follow-Up inform force status, hourly wage,  1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade	LOYMENT REPORTE    New employer   Street Address:	D IN SECT	nethod, contact date, labor  ION C? - Yes - No  Working at two jobs	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City:	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade (list)	LOYMENT REPORTE  New employer  Street Address:  State:	D IN SECT	nethod, contact date, labor  ION C? - Yes - No  Working at two jobs  Zip Code:	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City: Employment	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade (list)	LOYMENT REPORTE  New employer  Street Address:  State:	D IN SECT	nethod, contact date, labor  ION C? - Yes - No  Working at two jobs  Zip Code:  It Wage	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City: Employment Start Date:	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade (list)	LOYMENT REPORTE  New employer  Street Address:  State:  Hours per	D IN SECT	ION C?   Yes   No Working at two jobs  Zip Code: ht Wage	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City: Employment Start Date:  Job Position Title:	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade (list)  Employmen End Date:	LOYMENT REPORTE  New employer  Street Address:  State:  Hours per Week:	D IN SECT	nethod, contact date, labor  ION C? - Yes - No  Working at two jobs  Zip Code:  It Wage	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City: Employment Start Date:  Job Position Title: Date you had contact	o, make su ation in V and hours a 1 <sup>st</sup> quarter	on upgrade (list)  Employmen End Date:	LOYMENT REPORTE  New employer  Street Address:  State:  Hours per Week:  act (select all that ap	Currer per ho	ION C? - Yes - No Working at two jobs  Zip Code: at Wage aur: Training related: - Yes - No	
For each positive follow-up entering Follow-Up inform force status, hourly wage,   1st QUARTER FOLLOW-UP Is the participant working in the Please check all that apply:  New position Self-employed  Employer Name:  City: Employment Start Date:  Job Position Title:	o, make su ation in V and hours a 1 <sup>st</sup> quarter	VF1 make surseper-week.  following EMP on upgrade (list)  Employmen End Date:	LOYMENT REPORTE  New employer  Street Address:  State:  Hours per Week: act (select all that ap	D IN SECT	ION C? - Yes - No Working at two jobs  Zip Code: at Wage aur: Training related: - Yes - No	

2 <sup>nd</sup> QUARTER FOLLOW-UP	nd					_
Is the participant working in the	2 <sup>nd</sup> quarter	following EMP	LO	YMENT REPORTED	IN SEC	CTION C?   Yes   No
Please check all that apply:						
□ New position		n upgrade	[	□ New employer		☐ Working at two jobs
☐ Self-employed	□ Other (	list)	T			
Franksian Nama				****		
Employer Name:			3	treet Address:		
City			ر (	tata.		7in Codo
City:		Employmen		tate:	Curr	Zip Code:
Employment Start Date:		Employment	ΙL		per h	ent Wage
Start Date.		Ella Date.		Hours nor	peri	lour.
Job Position Title:				Hours per Week:		Training related: Vos UN
Date you had contact		Made of cont	2.ct	(select all that app	١, ١,٠	Training related: ☐ Yes ☐ No
		□ In Person		Select all that appl Phone 🗆 Emai		ritten □ Other:
with participant:		□ III Person		PHONE LINA	I OI VVI	itten 🗆 Other.
Date reported to Minneapolis		6 1 6:				
Employment & Training:		Counselor Sig	nat	ure		
3 <sup>rd</sup> QUARTER FOLLOW-UP						
Is the participant working in the	3 <sup>rd</sup> quarter	following EMP	LO.	YMENT REPORTED	IN SEC	TION C?   Yes   No
Please check all that apply:						
□ New position		n upgrade	[	□ New employer		☐ Working at two jobs
□ Self-employed	□ Other (	list)				
Employer Name:			S	treet Address:		
City:				tate:		Zip Code:
Employment		Employmen	nt			ent Wage
Start Date:		End Date:			per h	iour:
				Hours per		
Job Position Title:				Week:		Training related: ☐ Yes ☐ No
Date you had contact		Mode of cont	act	(select all that app		
with participant:		□ In Person		□ Phone □ Emai	l or Wi	ritten 🗆 Other:
Date reported to Minneapolis						
Employment & Training:		Counselor Sig	nat	ure		
4 <sup>th</sup> QUARTER FOLLOW-UP	'					
Is the participant working in the	4 <sup>th</sup> quarter	following EMP	LO	YMENT REPORTED	IN SEC	TION C? □ Yes □No
Please check all that apply:	4					
□ New position	□ Positio	n upgrade	[	□ New employer		☐ Working at two jobs
□ Self-employed	□ Other (			1-7-		3 ,
Employer Name:			S	treet Address:		
City:			S	tate:		Zip Code:
Employment		Employmen			Curre	ent Wage
Start Date:		End Date:			per h	_
				Hours per	PC	
Job Position Title:				Week:		Training related: □ Yes □ No
Date you had contact		Mode of cont	act	(select all that app	lv):	1
with participant:		□ In Person		☐ Phone ☐ Emai		ritten 🗆 Other:
Date reported to Minneapolis						
Employment & Training:		Counselor Sig	nat	ure		
zmproyment & maning.		Souriscioi Sigi	··ut			